

BUTTERFIELD / AADVANTAGE® MASTERCARD® Transfer Request **Standard** **Gold** **Platinum**Are you currently an American Airlines AAdvantage Member? Yes No If "YES" please enter your AAdvantage number: _____**TELL US ABOUT YOURSELF** Mr. Mrs. Ms. Miss First Name Middle Name Last Name**ADDRESS:** Street No. & Name Parish Postal Code

Total Years at Address: Previous Address (if less than 2 years at current address): Total Years at Previous Address:

MAILING ADDRESS (if different from the address above):

Home Telephone Number Work Telephone Number Mobile Phone E-mail Address

Birth Date DD/MM/YY Mother's Maiden Name (for ID purposes)

PAYMENT**REQUESTED CREDIT LIMIT**Card Payment to be made in U.S. Dollars Bermuda Dollars \$ _____Auto-Payment Yes No Minimum Payment Total Balance Fixed Amount \$ _____ From Bank of Butterfield Acc # _____Card to be Mailed Pick up at Head Office Rosebank Somerset St. George's Waterfront**BALANCE PROTECTION PROGRAMME****Would you like to insure your card balance?** No Yes (cost \$0.47/\$100 balance)

I understand that to be eligible for coverage I must be a minimum of 18 years of age and under 65 and that my coverage will be bound by the terms stated in the insurance policy issued by Freisenbruch-Meyer Insurance Ltd. I authorise the applicable monthly premiums to be charged to my credit card account for the coverage provided by the Balance Protection Programme. This authorisation will continue until cancelled by my notification to The Bank of N.T. Butterfield & Son Limited. Charges will begin after processing of this application form has been completed.

CARD # 1**PRIMARY CARDHOLDER** First Name Middle Name Last Name Signature
 Mr. Mrs.
 Ms. Miss**JOINT CARDHOLDER** First Name Middle Name Last Name Signature
 Mr. Mrs.
 Ms. Miss**Type Of Account To Be Closed** **Account Number To Be Closed** **Existing Limit on Card to be closed** Butterfield AAdvantage Standard Butterfield AAdvantage Gold**CARD # 2****PRIMARY CARDHOLDER** First Name Middle Name Last Name Signature
 Mr. Mrs.
 Ms. Miss**JOINT CARDHOLDER** First Name Middle Name Last Name Signature
 Mr. Mrs.
 Ms. Miss**Type Of Account To Be Closed** **Account Number To Be Closed** **Existing Limit on Card to be closed** Butterfield AAdvantage Standard Butterfield AAdvantage Gold**CARD # 3****PRIMARY CARDHOLDER** First Name Middle Name Last Name Signature
 Mr. Mrs.
 Ms. Miss**JOINT CARDHOLDER** First Name Middle Name Last Name Signature
 Mr. Mrs.
 Ms. Miss**Type Of Account To Be Closed** **Account Number To Be Closed** **Existing Limit on Card to be closed** Butterfield AAdvantage Standard Butterfield AAdvantage Gold

I hereby certify the above information to be true and complete. If this application is accepted by The Bank of N. T. Butterfield & Son Limited (the Bank), I request that the credit card be issued to me as designated above. I hereby authorise and consent to the Bank obtaining further information about me and checking the information I have given here and exchanging information about me with other financial institutions. I agree to read and be bound by the Cardholder Agreement. I authorise the Bank to charge my credit card account with the amount of the annual fee(s) in affect from time to time for the card.

Print Name: _____ Customer Signature: _____ Date: ____/____/____

By signing this form, I/We request you close my Gold MasterCard, Standard MasterCard, Visa &/or Visa Island Card and issue a new Butterfield / AAdvantage MasterCard card(s). By signing this form, I/We agree to the Terms and Conditions of the Butterfield Bank Cardholder Agreement accompanying the card(s).

Bank use only Approved Limit: \$ _____ Not Approved**Officer's Signature:** _____ **Manager's Signature:** _____**IMPORTANT NOTES:** If you have monthly standing orders (e.g. magazine subscriptions), you must supply your new Butterfield / AAdvantage® MasterCard® account number for future orders. Your old accounts will be closed seven business days after receipt of this transfer request. Please destroy your old cards upon receipt of your new Butterfield / AAdvantage® MasterCard®. This transfer request must not exceed your current limit; otherwise credit approval will be required. Supplementary cards are the responsibility of the Primary Cardholder.